

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification	Report Filed E	By Candida	te	Committee		Lobbyist
Number	(Mark X)					
Name of Filing Committee, Candidate or Lobbyist	Miller	eek D	emocra	tic (emmitte	0
Street Address			al	,,,, <u> </u>	emmile	<u> </u>
City Ep.C	1526	State	>±,	Zip Code		
ACIE		Jace	PA	Zip Coue	16509	
Type of Report (Place x under report type)	7					
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary Primary	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
				X		
Date Of Election (MM/DD/YYYY)	Year	2017	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	2		For	Office Use Only	
Expenditures 01-0/- 20/	1/7 / 2 - 3	31-2017				
A. Amount Brought Forward From Last Repor	t \$ 3.	114.46				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 3 0	35,00			. *	22
C. Total Funds Available	\$ 2,0	50,00			C 3	
(Sum of Lines A and B)	5,1	49.46			1 7	
D. Total Expenditures (From Schedule III)	\$ 2.8	62.30			$T \sim \tilde{V}$	ယ် ယ
E. Ending Cash Balance	\$ _	CHIL			1	<u> </u>
(Subtract Line D from Line C)	2,2	81.16				70
F. Value of In-Kind Contributions Received (From Schedule II)	\$ '	0				င့်
G. Unpaid Debts and Obligations	\$				Ţ.	<u>F</u>
(From Schedule IV)		Affidavit Se				
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Car					
I swear (or affirm) that this report, including the atta				ge and belief tr	ue, correct and comple	te.
Sworn to and subscribed before me this		/	16 a . I	250.	,	
Maney a Kowals	'1	4	Elen C	s. 1 fle	bauer	
Maney J Kowals	ke' -	E	Signature E			
	ال		8 14	Printed Nam	LU OILA	/
My Commission expires 6 16 20 MO. DAY YR.	<u>'' </u>	<u></u>	Area Code	<u> </u>	time Telephone Number	<u></u> er
Part III COMPONENT OF THE PARTY AND THE	Manmittee cond	idate shall sign he	are .			
I swear (or affirm) that to the dest a finy knowledge amended. Nancy J. Kowalski, Notary Public City of Erie, Erie County	and belief this pol	litical committee	has not violated an	y provisions of t	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and My Commission Expires June 16, 2019 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTA	RIES					
day of20	- '	_	Slan	ature of Candi	date	
Signature	- '			Printed Name		_
My Commission expires	. 1					
MO. DAY YR.			rea Code	Dayt	ime Telephone Number	-

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Millcreek	Democratic	Committee	
	11-1			

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	1,145.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	460.00
All Other Contributions (Part B)	\$	460.00
Total for the reporting period (2)	\$	690,00
3. Contributions Over \$250.00 (From Part C and Part D)	:	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	200.60
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

riici idelitiikatioli isulibei	Millere	ek	Demo	ocymptic.	Committee	<u>۔</u>	
," · · · · · · · · · · · · · · · · · · ·		<u></u>	2 CITIC	CTOCHE			Amount
Full Name of Contributing	Committe	0.00	6/00		Date [MM/DD/YYYY]	\$	
Committee			RISON		04-17-2017		70,00
House # Street A	Address	1+0 -	10	,	Date [MM/DD/YYYY]	\$	
2525	w.a.	645	+, 2017	te 200			
Exie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributing	Committee	e to	Elect		Date [MM/DD/YYYY]	\$	
Committee	Sean (alha	14)		05/04-2017		70.00
House # Street	Address		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Date [MM/DD/YYYY]	\$	
3607	Ban	View	Dr.				
city Excie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributing	Friends (a [Date [MM/DD/YYYY]	\$	
Committee	Brian Ma	,	Canan	1100	10-16-2017		80,00
House # Street /	Address	<u>Ulairi</u>	Comm	11100	Date [MM/DD/YYYY]	\$	
4008	Comm	n adox	ee				
city Exie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$,
Full Name of Contributing	Committee	+0	810-		Date [MM/DD/YYYY]	Ŝ	
Committee	Kathy				10-15-2017	1	240,00
House # Street A	Address J		-	 	Date [MM/DD/YYYY]	\$	2
4623	South	hern	DR				
City	State	Ω	Zip Code	1	Date [MM/DD/YYYY]	\$	
ERIE		PA		16506			
Full Name of Contributing					Date [MM/DD/YYYY]	\$	
	l					<u> </u>	
House # Street /	Address				Date [MM/DD/YYYY]	\$	
City	State	Ī	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				<u> </u>	Date [MM/DD/YYYY]	\$	
House # Street A	Address	<u> </u>		,	Date [MM/DD/YYYY]	\$	
City	State		Zip Code		Date [MM/DD/YYYY]	\$	

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

ller Identification Number:			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	\ \alpha \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ Lh	
1 11 11 11 (Y P C K)	$) \sim m \sim m \sim m \sim m$	Cammittee	
The second control of	Jun Dung Circ	2011MILLICO	

en en de la companya	22 (800 M. OF)					
Full Name of Contr	ibutor —		<i>i f</i> ,	Date [MM/DD/YYYY]	\$	
	Jess	ie Kas	th bun	05-04-2017		70,00
House #	Street Address	- 6 1	n'. 1.	Date [MM/DD/YYYY]	\$	
161	•	S. Uaki	Hidge Circle	16-25-2017		80,00
city ER	1e	State PA	Zip Code 16509	Date [MM/DD/YYYY]	\$	
Full Name of Contr	*#\$\D\#\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1200308734	[1985] [1985] [1985]	Long and the Market Control of the C	3.4	
Full Name of Const	ioutor Dans	/ / / / ·	/ r	3. Va. 2. Jan 2.	\$	
	\ \\ona\	a Die	h /	16-19-2017		80.00
House#	Street Address	d Die. Roslyn	$\mathcal{T}_{\mathcal{A}}$	Date [MM/DD/YYYY]	\$	
214		KUSIYA	DK	<u> </u>		
city Exi	e	State PA	Zip Code /6505	Date [MM/DD/YYYY]	\$	
Full Name of Contr	<u> </u>			Date [MM/DD/YYYY]	Ś	
				Pare (min) out on the		
House#	Street Address			Date [MM/DD/YYYY]	Š	
	Sticet musicas					
City	Projectly Project on Seeing Street	State	Zip Code	Date [MM/DD/YYYY]	\$	
				Proceedings of the Section of the State of t		
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	No the terror of the figure of	State	Zip Code	Date [MM/DD/YYYY]	\$	
					3.0	
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$	
						•
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	professional designs for a	State	Zip Code	Date [MM/DD/YYYY]	\$	
				,		
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City	and the second second second second	State	Zip Code	Date [MM/DD/YYYY]	\$	
				(2)	980 980	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer identificatio	n Number: Mi	Ilcreek	Democratu	c Committee	
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	Ò
House#	Street Addres	ss		Date [MM/DD/YYYY] \$	
Gity	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	om mittee	[A.S. 166, 4]	I - William Street	Date [MM/DD/YYYY] \$	\bigcirc
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	0
City	Filting of person on ag	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Co	* (* 27 / 27 / 28			Date [MM/DD/YYYY] \$	0
House #	Street Addres			Date [MM/DD/YYYY] \$	0
City Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$	0
Contributing Co		Vaca.		Date [MM/DD/YYYY] \$	0
City	Street Addres		Promote Could to 1	Date [MM/DD/YYYY] \$	0
Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0
Contributing Co	ommittee 	cc		Date [MM/DD/YYYY] \$	0
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of				Date [MM/DD/YYYY] \$	0
Contributing Co	Ommittee Street Addres	SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	0

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Millorgar	Deman	ic Committees	
	IIIICI EER	Denocial	ic committees	
Full Name of Contributor			Date [MM/DD/YYYY] \$	C
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
-				<i></i>
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	\bigcirc
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	$\overline{\bigcirc}$
Employer Name		, double states a	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	C
House # Street Ad	ddress		Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Employer Name		100-20-2004; p.10-328-31	Occupation	····
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	0
House # Street Ac	ldress		Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer identification Number:

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer identification Num	meri Mille	creek [emocr	atric C	ommittee	
Full Name	Millo	reek Too West 2	unship	Superv	ISORS	
House # 3608	Street Address	West 2	26th St	•		
City	ERIC	State	PA Code	16506	Date [MM/DD/YYYY] \$ 08-29-2019	200,00
Receipt Description			Version on a	··	- Provid	
Full Name						
House #	Street Address					<u> </u>
City		State	Zip Code		Date [MM/DD/YYYY] \$	
Receipt Description			<u> </u>	Strate .	1	
Full Name	A - 200					
House #	Street Address					
City		State	Zip Code		Date [MM/DD/YYYY] \$	····
Receipt Description				7.4	[Agent]	
Full Name						
House #	Street Address					
City		State	Zip Code		Date [MM/DD/YYYY] \$., .
Receipt Description		100000000		vs. · ·	II. PONE	
Full Name	100					
House #	Street Address					
City		State	Zip Code		Date [MM/DD/YYYY] \$	
Receipt Description		Tracket,	1990/4-29/62	<u> </u>	176.201	
Full Name				· · · · · · · · · · · · · · · · · · ·		
House #	Street Address	· · · · · · · · · · · · · · · · · · ·				
City		State	Zip Code		Date [MM/DD/YYYY] \$	
Receipt Description			P			

SCHEDULE II PART F

In-Kind Contributions Received

			VALUE OF \$50.01 TO \$	\$250	
Filer Identification	n Number:	Ikreek	Democrati	c Committee	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
					\odot
House #	Street Address	is		Date [MM/DD/YYYY] \$	
		Å			0
City	The State of the Control of the	State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
				1996 of 1997 o	0
Description of C	Contribution		E. C. CW. Care		
Full Name of Co	ontributor	Altan Garages		Date [MM/DD/YYYY] \$	······································
					\bigcirc
House #	Street Address	is.		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	entribution		PSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	2.00 mg/s	
Full Name of Co	-erikine or			TRAKE IND MANAGE CO	
Egintain	REIDURG			Date [MM/DD/YYYY] \$	\wedge
House #	Fig. 20 Audus	<u>* </u>		The second secon	
House it	Street Address	身 計		Date [MM/DD/YYYY] \$	
City		State	Zip Code	The state of the s	<u> </u>
L CILY		State	2ID CODE	Date [MM/DD/YYYY] \$	\Diamond
Description of C	ontribution		**************************************		
Full Name of Co	10 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m			Sections of the Sections of the Section of the Sect	
Full Name of each	Atributus			Date [MM/DD/YYYY] \$	(3
House #	F22 3 2 4 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\		- In a design to the second	
House #	Street Address			Date [MM/DD/YYYY] \$	α
City		Conta		- Personana (A)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	\bigcirc
Description of C	ontribution		· · · · · · · · · · · · · · · · · · ·		
Full Name of Cor				Section of the Charges of the Control of the Contro	
Tunitanie v, v.	AT INC.			Date [MM/DD/YYYY] \$	\bigcirc
House#		ल ा		more than the thing to do	$\overline{}$
Поизе п	Street Address			Date [MM/DD/YYYY] \$	0
City		Centar			
LILY		State	Zip Code	Date [MM/DD/YYYY] \$	0
Description of Co	ontribution		346 (Co. 1943)		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	Ilcreek De	mocratic (Committee
UNITEMIZED IN-KIND CONTRIL	BUTIONS RECEIVED-VALUE OF \$	EO OO OD LECC DED CONTRIDI	TOP
TOTAL for the reporting period	(1)	\$	<i>O</i>
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$25	0.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250.00 (FRC	M PART G)	
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)		\$	0

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

(大変な) (大きの) (表現の) (表現の) (表現の) (発見) (発見) (表現の)				
Filer Identification Number:				,
	\^ '(i.	$M \rightarrow -$	7 ' 11	
NATIONAL AREA OF A SECURIAR SECURITION OF VI	Y la la Company	11 12 mac mate	1 amuittee	
			LOMMITCE.	1

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] 5
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] 5
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Filer Identification Number:	Millcreek	Democratic	Committee	

To Whom Paid Shriners	s Hospital	forChildren	04-03-2017 50,00
Dates # Established	· _	3	Description of Expenditure
5001	V Broad C		
Philadelphia	*** <i>P</i> A	Code 19140	Memorial
To Whom Paid		ratic Comm.	Date [MM/DD/YYYY] \$
			04-26-2017 730,00
	P.O.BOX 11	8+1	Description of Expenditure
erie Erie	State PA	Zip Code 16512	Spring Dinner
To Whom Paid		1 -	Date [MM/DD/YYYY] \$
House # Street Address	ig Concep	<u> イン </u>	05-22-2017 816,55 Description of Expenditure
4982		ve.	post card printing
ERIE	State PA	Zip Code 1650	Unpaid Debt- Pain Full
To Whom Paid	1, T 1,	· ·	Date [MM/DD/YYYY] \$
	EK LOWNShy	O Supervisors	07-05-2017 370.00
House # 3608 Street Address	vest 26th	51.	Description of Expenditure
Enie Enie	State PA	Zip Code 16506	Picnic Pavilion Rental
To Whom Paid	Λ ,		Date [MM/DD/YYYY] \$
Kingsid	e Restau	rant	08-17-2017 410,75
Kingsid		•	
Kingsid	e Restau Sterrettanic	•	08-17-2017 410,75 Description of Expenditure
Kingsid House # 3202 Street Address S City Exie	Herre Hanic	Zip Code 16506	08-17-2017 410,75 Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$
Ringsid House # 3202 Street Address S City Exie To Whom Paid Exie Co. 1	Herre Hanic	Zip Code 16506	08-17-2017 410,75 Description of Expenditure Catering Picnic Date [MM/DD/YWY] \$ 485.00
House # 3202 Street Address S City ERie To Whom Paid Exic Co. 1 House # Street Address	Sterrettanic State PA Democratic	Zip Code 16506	08-17-2017 410,75 Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 1107-00
House # 3202 Street Address S City ERie To Whom Paid Exic Co. 1 House # Street Address	State PA Democratic	2ip Code 16506 Comm. 184	Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 485.00 Description of Expenditure
House # 3202 Street Address S City ERie To Whom Paid Exic Co. 1 House # Street Address	State PA Democratic P.O. Box 1	Zip Code 16506 Comm. 184	08-17-2017 410,75 Description of Expenditure Catering Picnic Date [MM/DD/YWY] \$ 485.00
House # 3202 Street Address S City ERie To Whom Paid Exic Co. 1 House # Street Address City Exic To Whom Paid	State PA Democratic P.O. Box 1	2ip Code 16506 Comm. 184	Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 485.00 Description of Expenditure Beef N' Ballots Pinner Date [MM/DD/YYYY] \$
House # 3202 Street Address S City ERie To Whom Paid Ekie Co. 1 House # Street Address City Eeie To Whom Paid House # Street Address	State PA Democratic P.O. Box 1	2ip Code 16506 Comm. 184	Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 485.00 Description of Expenditure Beef N' Ballots Pinner
House # 3202 Street Address S City ERie To Whom Paid Exic Co. 1 House # Street Address City Exic To Whom Paid	State PA Democratic P.O. Box 1	2ip Code 16506 Comm. 184	Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 485.00 Description of Expenditure Beef N' Ballots Pinner Date [MM/DD/YYYY] \$
House # 3202 Street Address S City ERie To Whom Paid Ekie Co. 1 House # Street Address City Eeie To Whom Paid House # Street Address	State PA Democratic P.O. Box 1 State PA	Zip 16506 Comm.	Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 485.00 Description of Expenditure Beef N' Ballots Pinner Date [MM/DD/YYYY] \$
House # 3202 Street Address S City ERie To Whom Paid Ekie Co. 1 House # Street Address City Epie To Whom Paid House # Street Address City Epie To Whom Paid	State PA Democratic P.O. Box 1 State PA	Zip 16506 Comm.	Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 485.00 Description of Expenditure Beef N' Ballots Pinner Date [MM/DD/YYYY] \$ Description of Expenditure
House # 3202 Street Address S City ERie To Whom Paid Exic Co. 1 House # Street Address City Exic Street Address City Exic Street Address City Exic To Whom Paid House # Street Address City Exic	State PA Democratic P.O. Box 1 State PA	Zip 16506 Comm.	Description of Expenditure Catering Picnic Date [MM/DD/YYYY] \$ 485.00 Description of Expenditure Beef N' Ballots Pinner Date [MM/DD/YYYY] \$ Description of Expenditure

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	Milkreek	. Democrat	tic Comm	ittee
Name of Credito	1E	<u> </u>		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	lebt	15,332,934	ाश्चरकार्यकृतः	17 * 4
Name of Credito	n		-	Outstanding Balance of Debt
House #	Street Address	<u> </u>	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	lebt .	<u> </u>	A CONTRACTOR AND CONT	
Name of Credito	or.	· · · · · · · · · · · · · · · · · · ·		Outstanding Balance of Debt
House #	Street Address	2	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D)ebt			
Name of Credite	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
Name of Credite	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	s
City		State	Zip Code	
Description of D	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	· (2)
City Description of (State	Zip Code	